



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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llr.sc.gov/med

APPLICATION TO PRACTICE MEDICINE 90-DAY TEMPORARY EMERGENCY LICENSE

APPLICANT INFORMATION

Title: ☐ M.D. ☐ D.O.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? ☐ Yes ☐ No Former Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Place of Birth (City, State or Country): _____

Race: _____ Gender: ☐ Female ☐ Male
(For statistical purposes only)

RECORD OF LICENSURE

List all states in which you have been licensed in for any medical profession; regardless of status: Active, Inactive, Expired, Training etc. You will need to contact each State Board and request a License Verification to be mailed directly to the Medical Board at the above listed address. We provide a License Verification Form as a courtesy; however, we will accept a state board issued form. Attach additional sheet if needed.

State/Jurisdiction	License No.

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MEDICAL SPECIALTY AND SC LOCATION INFORMATION

1. What is your current medical specialty? _____

PERSONAL HISTORY INFORMATION

If you answer yes to any of the below questions, you must attach a full written explanation.

Medicine 90 Day Temporary Emergency License (3/20)

1. Has your medical license ever been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a podiatric licensing board or other entity? ☐ YES ☐ NO
2. Have you ever had an application to practice medicine denied or refused by another medical licensing board or other entity? ☐ YES ☐ NO
3. Have you ever had any hospital or health care facility privileges denied, revoked, suspended or restricted in any way? ☐ YES ☐ NO
4. Have you ever voluntarily surrendered a medical license, controlled substance registration or DEA registration? ☐ YES ☐ NO
5. Have you ever resigned from any hospital, institution or health care facility in lieu of disciplinary action? ☐ YES ☐ NO
6. Are you currently under investigation or the subject of pending disciplinary action by any podiatry licensing board, health care facility or other entity? ☐ YES ☐ NO
7. Have you ever had a malpractice lawsuit, judgment filed against you or settled a medical malpractice claim? If yes, how many? _____
(Complete a Malpractice Information Claim Form for each claim) ☐ YES ☐ NO
8. Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a Respiratory Care Practitioner? ☐ YES ☐ NO
9. Do you currently have any mental illness (e.g. bipolar disorder, schizophrenia, paranoia or any other psychotic disorder) or any physical illness or condition that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ YES ☐ NO
10. Within the past two (2) years, has your ability to practice medicine been impaired by any physical or mental illness or by the use of alcohol and/or drugs? ☐ YES ☐ NO
11. Have you ever discontinued the practice of medicine for any reason for three consecutive months or more? ☐ YES ☐ NO
12. Was your medical education / residency training interrupted other than for vacation periods or military service? ☐ YES ☐ NO
13. Has your ability to prescribe controlled substances ever been denied, revoked, suspended, or limited by any hospital, health care facility or other entity? ☐ YES ☐ NO
14. Have you ever been convicted, pled guilty or pled *nolo contendere* to a felony of any kind or to a non-felony crime involving drugs, fraud, deception, sexual misconduct, gross immorality or unauthorized practice of podiatry? ☐ YES ☐ NO

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.